

COMPLIANCE CHECKLIST▷ **Mental Health Clinics**

A separate Checklist must be completed for each outpatient suite.

The following Checklist is for plan review of clinics and hospital outpatient facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Hospital and Health Care Facilities, 2001 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Clinic Licensure Regulations 105 CMR 140.000. Applicants must verify project compliance with all the requirements of the Guidelines, Licensure Regulations & Policies when filling out this Checklist, and must include the DPH Affidavit when submitting project documents for self-certification or abbreviated review.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code and applicable related standards contained in the appendices of the Code.
- 708 CMR, the State Building Code.
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board.
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (___) of this Checklist must be filled in with one of the following codes, unless otherwise directed. If an entire Checklist section is affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (___) next to the section title. If more than one space serves a given required function (e.g. patient room or exam room), two codes separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met.

☒ = Check this box under selected checklist section titles or individual requirements for services that are not included in the project.

E = Functional space or area is existing and not affected by the construction project; this category does not apply if the existing space or area will serve a new or relocated service or if the facility is currently not licensed & applying for licensure.

W = Waiver requested for Guidelines, Regulation or Policy requirement that is not met (for each waiver request, complete separate waiver form & list the requirement ref. # on the affidavit).

3. Mechanical, plumbing and electrical requirements are only partially mentioned in this checklist.
4. Items in *italic*, if included, refer to selected recommendations of the Appendix of the Guidelines, adopted by policy.
5. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.

Facility Name:

Dates:

.....

Initial:

Facility Address:

Revisions:

.....

Satellite Name: (if applicable)

DON Identification: (if applicable)

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Satellite Address: (if applicable)

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Project Reference:

Building/Floor Location:

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ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**OUTPATIENT SUPPORT AREAS

Note: Compliance Checklist OP1 must be completed and attached to this Checklist.

9.2.B1	___	<u>COUNSELING ROOMS</u>	___	Vent. min. 6 air ch./hr
140.203	___	min. 80 sf		
9.1.H	___	ensure sight & sound privacy between each counseling room and adjacent areas		
9.2.B6	___	<u>DRUG DISTRIBUTION STATION</u>		
	<input type="checkbox"/>	check if service <u>not</u> included in project		
	___	work counter	___	Handwashing station
	___	locked storage	___	Duplex receptacle(s)
	___	refrigerator		
Policy	___	under visual supervision from staff station		
	___	<u>TESTING</u>		
9.2.D	___	Urine collection station		
	<input type="checkbox"/>	check if service <u>not</u> included in project		
9.2.D1	___	work counter	___	Handwashing station
9.2.D3	___	storage cabinets		
9.2.D4	___	urine collection toilet room	___	Handwashing station
	___	equipped with shelf	___	Vent. min. 10 air ch./hr (exhaust)
	___	Blood collection station		
	<input type="checkbox"/>	check if service <u>not</u> included in project		
	___	patient seating space	___	Handwashing stations
	___	work counter	___	Vent. min. 6 air ch./hr (exhaust)
	___	storage cabinets		
Policy	___	<u>DAY TREATMENT PROGRAM</u>		
	<input type="checkbox"/>	check if service <u>not</u> included in project		
	___	total number used for compliance with following space requirements = number of patients per day		
7.6.B7		Social Spaces:		
	___	noisy activity/dining room(s)	___	Vent. min. 6 air ch./hr
	___	quiet activity room(s)	___	Vent. min. 6 air ch./hr
	___	min. combined area 40 sf/patient		
	___	min. area each space 120 sf		
7.6.B8		Group therapy space:		
	___	GT separate room	or	___
	___	min. 225 sf		___
			___	max. 12 patients per day
			___	and
			___	quiet activity room min. 225 sf
			___	GT combined with quiet activity
7.6.B12		Therapy/multipurpose space:		
	___	separate room	or	___
	___	min. 15 sf/patient		___
	___	min. 200 sf		___
			___	max. 12 patients per day
			___	noisy activity room meets [7.6.B6] + 10 sf/patient
			___	noisy activity & therapy functions are combined within one room
	___	work counter, storage, and display	___	Handwashing station

ARCHITECTURAL REQUIREMENTS**(DAY TREATMENT PROGRAM Continued)**

- 7.2.B15 ☐ Nourishment area:
- ☐ work counter
 - ☐ storage cabinets
 - ☐ refrigerator
 - ☐ equipment for hot nourishment
 - ☐ space for holding dietary trays
- 7.6B3 ☐ used by patients **or** ☐ not used by patients
- ☐ staff control of heating/cooking devices

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- ☐ Handwashing station conveniently accessible
- ☐ Vent. min. 4 air ch./hr

GENERAL STANDARDS**Details and Finishes**

- ☐ Outpatient corridors (9.2.H1.a)
 - ☐ min. corridor width 5'-0"
- ☐ Staff corridors
 - ☐ min. corridor width 44"
- ☐ Two remote exits from each outp. facility suite & floor
- ☐ Fixed & portable equipment recessed does not reduce required corridor width (9.2.H1.c)
- ☐ Work alcoves include standing space that does not interfere with corridor width
 - ☐ check if function not included in project
- ☐ Doors:
 - ☐ doors min. 3'-0" wide (9.2.H1.d)
 - ☐ all doors are swing-type (Policy)
 - ☐ doors do not swing into corridor (Policy)
- ☐ Glazing (9.2.H1.e):
 - ☐ safety glazing or no glazing under 60" AFF & within 12" of door jamb
 - ☐ safety glazing or no glazing in recreation rooms
- ☐ Thresholds & expansion joints flush with floor surface
- ☐ Vertical clearances (9.2.H1.j):
 - ☐ ceiling height min. 7'-10", except:
 - ☐ 7'-8" in corridors, toilet rooms, storage rooms
- ☐ Floors (9.2.H2.c):
 - ☐ floors easily cleanable & wear-resistant
 - ☐ washable flooring in rooms equipped with handwashing stations (Policy)
 - ☐ non-slip floors in wet areas
 - ☐ wet cleaned flooring resists detergents
- ☐ Walls (9.2.H2.d):
 - ☐ wall finishes are washable
 - ☐ smooth/water-resist. finishes at plumbing fixtures

Mechanical (9.31.D)

- ☐ Mech. ventilation provided per Table 7.2
- ☐ Exhaust fans located at discharge end
- ☐ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes
- ☐ Contaminated exhaust outlets located above roof
- ☐ Ventilation openings at least 3" above floor
- ☐ Central HVAC system filters provided per Table 9.1

Plumbing (9.31.E)

- ☐ Handwashing station equipment
 - ☐ handwashing sink
 - ☐ hot & cold water
 - ☐ single lever or wrist blades faucet
 - ☐ soap dispenser
 - ☐ hand drying facilities
- ☐ Sink controls (9.31.E1):
 - ☐ hands-free controls at all handwashing sinks
 - ☐ blade handles max. 4½" long

Electrical (9.32)

- ☐ All occupied building areas shall have artificial lighting (9.32.D3)
- ☐ Emergency power complies with NFPA 99, NFPA 101 & NFPA 110 (9.32.H)